

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	15	45	2/16
<b>FORMALITY REVIEW</b>	1070	R.B	04/26/10
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 (Through numeral) Canceled A ..... Appeal  
 Restricted O ..... Objected

Claim	Date
Final	
Original	7/31/10
1	10/21
2	10/21
3	10/21
4	10/21
5	10/21
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9	10/21
10	10/21
11	10/21
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15	10/21
16	10/21
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Claim	Date
Final	7/24/10
Original	7/24/10
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Claim	Date
Final	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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